

ANNUAL REPORT 1983-84

Alcoholism and Drug

ADDICTION RESEARCH
FOUNDATION



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LETTER OF TRANSMITTAL

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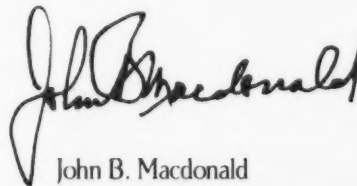
THE HONOURABLE KEITH C. NORTON, Q.C.

MINISTER OF HEALTH

PROVINCE OF ONTARIO

The Alcoholism and Drug Addiction Research Foundation, of which I have the honour to be chairman, is pleased to submit through you to the Members of the Provincial Legislature this report on the Foundation's activities in the year ending March 31, 1984.

Respectfully yours,

A handwritten signature in dark ink, appearing to read "John B. Macdonald". The signature is fluid and cursive, with the first name "John" and last name "Macdonald" clearly distinguishable.

John B. Macdonald
Chairman
Alcoholism and Drug
Addiction Research Foundation

September 30, 1984

Alcoholism and Drug

ADDICTION RESEARCH FOUNDATION



ANNUAL REPORT
1983-1984

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COMMENT FROM THE PRESIDENT



The decade of the '80s may well be recognized by historians as the turning point in Canadians' acceptance of greater personal responsibility for health and well-being, a shift that has been endorsed and supported by Ontario's health professionals and by the Ministry of Health. At the recent planning conference, *Health Care in the '80s and Beyond*, health promotion was identified as the province's number one health care priority; and the new Health Promotion and Protection Act focuses on the promotion of positive lifestyles and the prevention of illness. Also evident, and perhaps related, are burgeoning community initiatives associated with health and well-being, including responses to drinking-driving and student drug use.

For the Addiction Research Foundation, this "new wave" has strengthened and focused prevention initiatives. Since 1955, the Foundation's statutory mandate has included prevention as a complement to recognition and treatment of alcoholism and addiction. Specifically, the Foundation is charged with information dissemination, not only about alcohol and other addictive substances, but also about prevention. In this context, "prevention" must be interpreted to include strategies and tactics — at personal, community, and provincial levels — to avoid alcoholism and addiction,

and must include health promotion approaches.

Among recent ARF prevention initiatives targeted to individuals are:

- Introduction of Dial-A-Fact, a telephone information service about alcohol, other psychoactive drugs, and related issues, available province-wide on a toll-free basis;
- 26 educational pamphlets and booklets translated into French and selected other languages, including Italian and Portuguese, in order to make information more accessible to Ontario's Francophone residents and to new Canadians.

But equally important are the Foundation's prevention initiatives for occupational, school, and other community groups and systems. They include:

- Introduction of health promotion dimensions, relevant to alcohol and other drug use, into worksite health programs; and the establishment of *On-Site* a newsletter for business, industry, and labor which highlights sound directions for worksite programs;
- Increased consulting services to school systems, focusing on alcohol and drug policies and programming; and the development of new educational packages (including video and print materials and teachers' guides) on alcohol,

- cannabis, and tobacco, designed for use with school-aged youth;
- Follow-through presentations to professional health and consumer groups on the responsible use of tranquilizers, the issue addressed in the book *The Effects of Tranquillization: Benzodiazepine Use in Canada*, which was co-authored by a Foundation scientist;
 - Increased collaboration in drinking-driving initiatives with police forces, schools, citizens' groups, the media, Alcohol and Drug Concerns Inc., and the Provincial Drinking-Driving Counter-measures program;
 - More consultation and collaboration with municipal governments regarding their role in the prevention of alcohol-related problems in municipal facilities.

Further, at the provincial level, Foundation research on alcohol consumption in Toronto's Exhibition Stadium provided a basis for advice about stadium licence conditions to the Liquor Licence Board of Ontario.

One of the factors impinging on all such programming is the current climate of restraint, which pervades not only the Foundation but virtually the whole of the public and private sectors. There is no shortage of "bright ideas" for eye and ear-catching prevention programming. But restraint heightens the importance of new program initiatives being economic, taking ac-

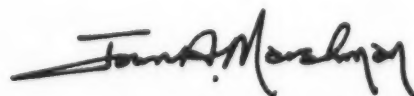
count of current knowledge, being assessed for effectiveness — not only in the short run, but also in the intermediate and longer terms — and being efficiently implemented.

Other important considerations are the differences between communities: the unique nature of local problems; differing levels of public awareness of alcohol and drug-related issues; differing degrees of commitment to constructive action; and differing need for, and access to, programming resources — both human and financial. Consequently, in order to effectively fulfill its responsibility for prevention programming, the Foundation has gone beyond the central development and dissemination of informational materials, and beyond the provision of centrally developed, prevention program templates. Through its local offices, it has worked with diverse groups in communities across Ontario, contributing to and supporting the development of creative local programs which provide a "best fit" for local needs and opportunities. Thus, for example, Red Lake's Drug Awareness Week was quite different from Sudbury's Awareness Week on Drinking and Driving, but each met particular needs of the local community.

Together these various factors — society's awareness of health promotion and personal responsibility for health, the climate of restraint, and the unique characteris-

tics of individual communities — present a growing challenge to the Foundation in responding to its prevention mandate. We must continue to disseminate information concerning prevention to stimulate effective programs at the local community level; we must meet a growing demand for advice, materials, training, and program evaluation in relation to local prevention initiatives; and we must accomplish this with shrinking resources.

Specific examples of Foundation services and research initiatives directed to prevention, as well as those directed to treatment, are presented in the first section of this *Annual Report*, which is designed to provide the interested, general reader with an appreciation of the Foundation's progress and achievements in 1983-84. These "news capsules," each of which represents a major program line, are organized according to goal areas which were set out in the 1981-82 *Annual Report*. The Report's second section provides more general information about the Foundation and its various Divisions. The reader who has a particular interest in the Foundation's research programs will find them more fully described in the soon to be published *Research Digest*.



Joan A. Marshman



TREATMENT METHODS AND SYSTEMS

Liver Disease Treatment Aided by New Data

Scientists may be able to find new ways to treat complications from alcoholic liver disease thanks to further data supporting the idea that the swelling of liver cells resulting from alcoholism causes compression of microvessels in the liver, and increases the blood pressure in the portal vein. Normally, this vein drains the blood from the stomach, intestine, spleen, and pancreas. The blood then flows through the liver. In alcoholics, increased pressure causes the blood vessels around the esophagus to swell and possibly to rupture. The pressure enlarges veins which then bypass the liver. Thus, blood with noxious substances absorbed from the intestine can go to the brain unpurified, and can result in serious brain abnormalities. Pressure in the portal vein is responsible

for about 70% of deaths associated with alcoholic liver disease.

New Scoring System Predicts Risk of Dying

A new scoring system was devised to assess the severity of illness of patients with alcoholic liver disease and their risk of death. The system, called the Combined Clinical and Laboratory Index (CCLI), is now being used throughout the world. It involves taking physical tests and blood samples of the patients. Abnormalities in some tests have been found to be significant in predicting the patients' risk of dying.

The CCLI standardizes the evaluation of alcoholic liver disease in different treatment centres, assesses results of treatment, and assists in the grouping of similar patients for comparison purposes.

Canada's First Clean Air Lab One of Few in the World

The first "clean air" laboratory for nicotine analysis in Canada, and one of very few in the world, was installed at the Foundation last year. Through special ventilation and filtering systems, the lab sweeps all smoke contaminants from the environment, thus allowing researchers to analyze very small quantities of nicotine and other smoke constituents in the blood and various tissues of smokers to determine how physical dependence on tobacco occurs. It is now possible for ARF to collaborate with a "clean air" lab in the U.S. to share data and maintain standard reference techniques. The Foundation will also be able to evaluate pharmacological smoking-cessation aids, such as nicotine-containing gum.

Meanwhile, next door to the "clear air" lab, in the Reference Laboratory for Tobacco Chemistry and Pharmacology, supported in part by the World Health Organization, Foundation scientists have been analyzing cigarettes from various developing countries to determine their nicotine, tar, and carbon monoxide contents, and compare them with Canadian, British, and American brands. WHO will shortly publish a fully-documented report.



This new "clean air" laboratory furthers tobacco research.

Consumption Reduction Drugs Elicit International Interest

Foundation studies on drugs that reduce alcohol consumption by humans and rats elicited enormous interest from the international scientific community in 1983-84. These studies suggest that drugs which stimulate serotonin — a neurotransmitter in the brain — decrease alcohol intake by humans and rodents.

This effect can be achieved by using various kinds of drugs such as the so-called serotonin re-uptake inhibitors (e.g. zimelidine, citalopram) or serotonin agonists. The results have been confirmed by other groups, and a study involving heavy drinkers showed zimelidine produced a significant decrease in their alcohol intake. The results of the zimelidine study provide a breakthrough in developing innovative drug treatments for alcoholism that act on the central nervous system.

Tranquillizer Study Answers Vital Questions

A major study was conducted by ARF scientists to answer some of the important psychological and medical questions arising from chronic reliance on benzodiazepine tranquillizers, of which diazepam (Valium) is the most commonly prescribed.

Preliminary findings are now available from 40 patients who

sought professional assistance to give up prescribed tranquillizers. All of them used the pills within medically accepted doses (not more than 30 mg per day), and in what was considered a non-abusive manner.

Important conclusions emerged from the study. One was that, in the vast majority of patients, reduction or cessation of tranquillizer use could be achieved in less than two months of weekly outpatient sessions. But perhaps the most significant result was the evidence that even at therapeutic dose levels, these patients were not ritualistically dependent on seeing a physician, or taking a pill. They were dependent on real pharmacologic effects. This indicates true dependence on tranquillizers, which is maintained by the psychological "benefits" these drugs produce, the avoidance of withdrawal, or both. Because tranquillizers fulfill specific needs, treatments designed to achieve abstinence must find alternatives to meet those needs.

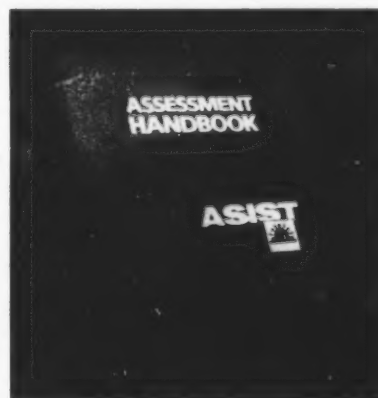
Dipstick Analysis Saves Lives

The alcohol dipstick, invented last year by Foundation scientists, may save lives because in 60 seconds it can identify the presence of methanol — wood alcohol — in the body. The poisonous fluid which sometimes occurs in homemade or adulterated alcoholic beverages can cause permanent blindness or death. Because it is not easily diagnosed chemically, and laboratory methods for determining its pres-

ence are time-consuming, there are long — sometimes deadly — delays before treatment. The dipstick solves both problems. The paper strips, impregnated with special reagents, quickly recognize the presence of methanol in saliva, urine, and blood.

ASIST for Assessment

A highlight of the Foundation's treatment services was the development of ASIST (A Structured Addictions Assessment Interview for Selecting Treatment). This comprehensive questionnaire was designed for all assessment workers in Ontario to pinpoint clients' problem areas, develop an overview of their situation, determine how they appraise their own situation, then identify their support system. ASIST not only standardizes the basic interview, but should improve both the assessment of clients and the network of services to which they are referred.





TREATMENT METHODS AND SYSTEMS

Help for the Elderly

A three-year pilot project for elderly problem drinkers in Toronto's Parkdale and Runnymede districts is currently treating 75 patients, about half of whom are women. Managed by ARF, funded by the Ministry of Health, and held at the Queen Elizabeth Hospital, COPA (community older persons alcohol project) includes comprehensive assessment, individualized treatment, and follow-up. This outreach program was developed by a planning committee representing Toronto's major geriatric and gerontological services, at the request of the U. of T.'s Gerontology Program.

Since change is often slow with this age group, the program is being monitored over three years to determine client characteristics and referral patterns, the extent and nature of primary care plus client contact with other agencies, and the client's condition during treatment and at discharge.

Dependence Syndrome Measured by Questionnaire

Foundation scientists have developed a brief 25-item questionnaire to measure the *alcohol dependence syndrome* — a key concept of a new WHO classification system for alcohol problems. The main indica-

tions of the syndrome (which exists in degrees of severity) are loss of control over drinking, a compulsive drinking style, alcohol withdrawal symptoms, and increased tolerance.

The questionnaire provides a quick yet highly reliable measure of these symptoms. It is therefore useful for predicting which patients are likely to drop out of treatment, what kind of treatment is appropriate, and whether medical or psychiatric help is necessary. Published along with an instruction manual, the questionnaire will be useful both as a clinical diagnostic and a research tool.



This office in the Queen Elizabeth Hospital is the operating centre for COPA, a project designed to assist older people.

Patients More Willing To Tell Microcomputers About Special Problems

With the wide availability of low cost microcomputers, Foundation scientists have developed a Computerized Lifestyle Assessment that examines personal health habits such as nutrition, physical exercise, sleeping habits, and consumption of alcohol, tobacco, coffee, tea, and drugs.

Questions appear on the computer's video screen, and patients reply on a simplified keyboard. The assessment takes only 10 to 15 minutes to complete, and most patients can answer it while waiting for their appointment. Immediate feedback is given on important findings, such as how their alcohol consumption compares with other Canadians of the same sex and age.

Besides providing the same accuracy of information as face-to-face interviews or written questionnaires, patients find it far more interesting. Studies also show that patients are more willing to tell the computer about sensitive problems, such as their drinking habits, than they might relate personally. And the feedback encourages them to think about their consumption levels, thus preparing them for discussion and advice from their doctor.

Pilot Project in York Region Now a Non-Profit Agency

Addiction Services for York Region, begun as a pilot project by the Foundation and a local coordinating group in 1981, has now been incorporated as a non-profit agency with four full-time staff and a Board of Directors. Funded by the Ministry of Health, and operating out of Newmarket, the staff not only make assessments and referrals, but provide information to interested groups about addictions issues. Community professionals are also trained in the early identification of individuals experiencing problems, and how to refer them to the service.

Outpatient Therapy Program

The Foundation has revised its outpatient therapy program for substance abusers since new research suggests that sequential treatment -- beginning with specific care for the drug problem and followed by specialized counselling for lifestyle problems -- is more personalized for each patient, and more cost effective. Some clients, especially those with a short history of drug abuse, require only brief treatment. The new program is now flexible enough to tailor the treatment to every patient's needs. Because it has written treatment protocols, including follow-up and evaluation guidelines, the program can be used as a model by other treatment specialists.



Addiction Services for York Region, begun as a pilot project, is now a non-profit agency.



TREATMENT METHODS AND SYSTEMS

Drinking-Situations Inventory Allows Tailored Treatment

A newly-developed questionnaire, the Inventory of Drinking Situations, tells counsellors which drinking situations are most problematic for their patients. Studies have shown that drinking profiles vary with age and sex. Younger drinkers have problems in a greater variety of situations than older ones, and are more likely to drink because of urges and temptations, interpersonal conflicts, pressure from peers, and both pleasant and unpleasant emotional states.

Major problems for older patients include testing their control over alcohol, and drinking in response to physical discomfort. Males are more likely to drink excessively when feeling good or celebrating with friends, while females often drink alone or when depressed. By having this information before therapy, counsellors can tailor a treatment program to each patient.

Nurses with Problems Get Hotline Counselling

Project Turnabout, a unique program for Ontario nurses with personal addiction problems, was established at ARF last year.

Co-sponsored by four top Ontario nursing associations (College of Nurses of Ontario, Ontario Nurses Association, Registered Nurses Association of Ontario, and the Ontario Association of Registered

Nursing Assistants), the program provides a 24-hour Project Turnabout Hotline to a specially-trained nurse who arranges for thorough assessment and individualized treatment followed by an extensive aftercare program. Recognizing that the public's high expectations of nurses and the potential loss of their licence may deter many of them from seeking help, all information is held in the strictest confidence. Early results of *Project Turnabout* have been most encouraging. In the first six months alone, 30 nurses requested counselling — and the numbers are expected to grow significantly as awareness of, and confidence in, the project build.

Multiple Drug Abusers & Early-Stage Drinkers Subjects of Studies

Two major studies are helping therapists answer the vital questions: What kind of treatment is appropriate? And how much is necessary?

One study, of multiple drug abusers, randomly assigned some of them to a brief outpatient self-control treatment and followed up on them a year later. Results indicated that patients having difficulty moderating their drug use in the early stages of outpatient treatment, should probably be channeled into more intensive programs. In contrast, patients who do reduce their drug intake during early treatment

will likely benefit from an outpatient program.

A second study, of early-stage problem drinkers, showed that previous alcoholism-treatment literature — indicating that pre-treatment drinking amounts *always* predicted the success or failure of treatment — wasn't true for drinkers who were taught moderation rather than abstinence. In the group trained to drink moderately, excessive drinking prior to treatment did not deter them from reaching their goal, whereas drinking during the treatment did. In the group trained to achieve abstinence, the opposite was true: the amount they drank before treatment did affect the outcome.

Essentially, what these studies mean is that therapists can now better decide upon the nature and extent of treatment.

More Seek Treatment

The number of patient visits to the Foundation's Emergency Department increased by 40% over last year — from 5,321 to 7,414. (This figure does not include patients picking up methadone prescriptions.) There was also an increase of 18% in the number of intake appointments during this same period — from 4,760 to 5,600. In addition, the number of admissions to the Medical Ward rose to 430 in the fiscal year, from 368 in the previous year.

Alcoholism and Hypertension May Be Due To a Common Cause

For years it's been known that heavy drinkers suffer from high blood pressure more than the general population does. Although a causal link has not been proven, it is commonly assumed that heavy drinking leads to high blood pressure. New findings, however, suggest that both alcoholism and hypertension may be due to some unknown, but common, underlying cause.

During the past year, researchers studied a special strain of rats that become hypertensive when fed a high salt content diet. Even before their blood pressure starts rising, these rats consume three times as much alcohol as rats that are not susceptible to hypertension. The researchers are now exploring an endocrine system in the brain which they think may be the common link between high blood pressure and excessive drinking.

Patient Records Computerized

A long-awaited computerized Patient Administration System (PADS) was introduced this year. The first phase involved the conversion of nearly 75,000 separate index cards, with data on each patient, to a computerized patient registration system. Together with the statistics from the Patient Intake records, this information will form a database consisting of personal and demographic facts on all ARF clients.

Cigarettes and Caffeine Popular with Drug Abusers

While most Canadians, especially men, have been stubbing out their cigarette habit in the past decade, a Foundation study has shown that 90% of alcohol abusers are still heavy smokers. What's more, this figure has remained unchanged since the end of the 1960s.

Data from another study of multiple drug use patterns are being compared with research done by the U.S. National Institute of Drug Abuse (NIDA). The NIDA files have statistics on smoking and coffee-drinking, mainly by hard drug users; the ARF files have statistics on the use of cigarettes and caffeine, mainly by alcohol abusers. It's hoped this collaborative effort will underscore the role cigarettes and caffeine play in alcohol and other drug use.

Scientific Backing For Cannabis Concern

Although for years there's been growing concern that regular heavy cannabis use can severely damage physical and mental health, especially in the young, sound scientific evidence has been difficult and time-consuming to obtain. Finally, during this past year, ARF researchers completed a series of studies which scientifically backs the concern. They found that young rats suffered impaired learning ability after receiving moderately heavy doses of cannabis daily for three months. The impairment, similar to that seen after injury to the hippocampus (the part of the brain that plays a major role in learning and memory), was still evident months after the drug had disappeared from the body.



In 1983-84, patient visits to the Foundation's Emergency Department increased 40% over the previous year.



TREATMENT METHODS AND SYSTEMS

"Alcoholic Rats" Help Humans

A serious obstacle in the development of new medical treatments for alcoholism has been the lack of a valid model of alcoholism in experimental animals before treatments could be tested on humans. During the past year, researchers made considerable progress toward the development of such an animal model. By rewarding rats' behavior, the researchers induced them to strive for alcohol in preference to water. Then, by gradually increasing the strength of the alcohol solution, they influenced the rats to raise their daily intake of alcohol, over a period of several months, to the point where they were voluntarily drinking the human equivalent of well over a 26-ounce bottle of spirits a day. These rats had high blood alcohol levels (in some cases, more than twice the legal impairment level of 0.16%) and developed a significant tolerance to physiological effects of alcohol. This is probably the first time that laboratory rats have been induced, by behavioral manipulation alone, to drink such large amounts of alcohol when water was freely available. This procedure will help researchers explore the basis of alcoholism in humans, and test new procedures for preventing or treating it.

New Research Helps Scientists Understand Multiple Addictions

New ARF research may help explain why many addicts resort to multiple drug use. Several studies on alcohol and morphine have demonstrated a totally unexpected degree of similar and overlapping actions of these drugs, despite the fact that chemically they are very different.

Animals made tolerant to alcohol were also found to be tolerant to morphine, and vice versa. Strains of rats and mice, bred selectively for high or low sensitivity to alcohol, were also found to be sensitive or resistant to morphine. Other studies revealed the two drugs may share some common actions on brain cells producing beta-endorphin, a morphine-like substance that plays important roles in the normal functioning of the brain.

Besides helping to explain multiple drug use, these studies may help unravel the common actions, at the molecular level, of drugs belonging to quite different categories, and help researchers understand the common mechanisms underlying addiction to different drugs.

Immigrant Difficulties Considered by ARF

In response to community requests, the Foundation developed public education, training, and treatment programs to help new Canadians make better use of addiction information and treatment facilities. An alcohol and drug assessment and referral program in North York, organized by the Foundation, the North York Inter-Agency Council (NYIAC), and five community-based medical and social agencies, provides specially-trained counsellors to advise immigrants on health and social services. For example, a one-day workshop for counsellors on Culture in the Treatment of Addictions, a cooperative venture of ARF, NYIAC, and the Ontario Ministry of Citizenship and Culture, stressed the influence of culture in addictions treatment, and highlighted the difficulties faced by immigrants who are referred to their institutions.

Special Kit for Hospitals

A special information package describing how the Foundation can assist Ontario hospitals with addictions treatment was distributed at the Ontario Hospitals Association's annual conference in Toronto. Treatment development projects are now underway in Windsor, Kitchener, Owen Sound, Toronto, Kenora, Welland, Huron County, and York Region.



PUBLIC EDUCATION

Public Awareness Heightened

Distribution of the Foundation's educational materials increased by 27% over last year. Revenue from the sale of 1,069,054 items offset the production cost of the 1,158,000 items distributed free-of-charge in Ontario. Public awareness about alcohol and drug issues was also heightened by articles in the Foundation's monthly tabloid, *The Journal*. In one three-month period alone, items appearing in *The Journal* were reprinted or referred to in 27 Ontario newspapers — with a combined circulation of more than two million — and 22 other newspapers and magazines in the rest of Canada, the U.S., and abroad.

Smoking Video Best of 1983

Butt-It-Out, a videotape about smoking, aimed at six to nine year olds, was named Best Video of 1983 by the Health Care Public Relations Association, and has been selected for TVOntario's fall 1984

schedule. To be shown in Ontario classrooms this fall, the video is part of a kit including a Teacher's Guide, photo stories, buttons, and stickers. Two other video kits, *The Score on Cannabis* and *Me and My Friends and Our Booze*, have also been designed, for students aged 12 to 17.

Library Materials On Computer

Last year's physical redesign of the library (adding 3,000 linear feet of space) has been complemented by new, computerized recataloguing of material by author, title, and subject — making it easier for users to locate specific information from the vast collection of alcohol and drug-related literature. Of the 3,198 items circulated last year, 40% were used by the public. Foundation staff, while using the rest, also borrowed 4,391 titles from other Canadian libraries. The library also arranged 2,934 film bookings for groups and individuals throughout Ontario.

Ontario's Cultural Mosaic Recognized by Foundation

Language is no longer a barrier for many Ontario immigrants seeking drug and alcohol information. Recognizing the multicultural fabric of this province, the Foundation has translated a number of its pamphlets into Italian, Portuguese, Greek, and Spanish. While some ARF material has been available in French for years, a Foundation committee found numerous Ontario communities reporting a need for information in other languages. Besides translating existing pamphlets, the committee will design new material for specific groups in their own language. One such project completed last year was a videotape entitled *Women and the Use of Mood-Altering Drugs: The Immigrant Experience*, produced in Italian, Spanish, Portuguese, and English. After describing the legitimate sources of stress which are part of adjusting to a new environment, the videotape focuses on the effects of minor tranquilizers and "informed-consumer" approaches to drug use. It is used by health and social agencies helping new Canadians.



Selected ARF materials are now available in five languages.



PUBLIC EDUCATION

Humor and Light Magic Inform Kids About Drugs

The Magic Show delighted young audiences this year as it toured 25 schools in Simcoe County. Kids from grades 4 to 6 — 2,300 in all — learned about tobacco, alcohol, and other drugs from a young magician who used humor, light magic, and audience participation to get the drug education message across. Excellent reviews from students and teachers resulted in invitations for guest appearances at U. of T.'s summer school for Ontario physical and health education teachers, who watched it with a group of day camp children, and at the annual conference of the Ontario Public Health Association this fall.

Justice Systems Surveyed To Reach "At Risk" Youths

In an effort to help "hard to reach" young people in trouble because of their drug use, scientists have analyzed the statistics from the provincial and federal juvenile justice systems to determine the size, location, and delinquency characteristics of Ontario youths. The project is currently evaluating the competing theoretical approaches to drug programming for "at risk" youth.

Radio Stations Give Air Time To Dramatic Alcohol Messages

How do friends and family react to someone who drinks too much? As part of the alcohol-oriented THINK ABOUT IT campaign, 18 radio public service announcements (PSAs) dramatized answers to this question through vignettes at a party, at work, and when driving a car, boat, and snowmobile. The campaign was accelerated in summer since most alcohol-related accidents happen during this season. Previous campaigns concentrated on the Christmas period.

Almost \$50,000 worth of air time was provided free by the radio stations who reported using the PSAs, with the items on drinking and driving generating the greatest interest and requests for interviews. Television PSAs on alcohol, cannabis, and smoking, based on videotape kits produced for Ontario students, will be broadcast on stations across Ontario in 1984.

Students' Creative Talents Displayed in Poster Festival That Attracts 5,200 Entries

More than 5,200 Ontario students displayed their creative talents in the Foundation's 1984 Poster Festival. Kits were sent to all elementary and secondary schools last January to encourage students to design original posters on alcohol-related issues. Teaching guidelines were provided for classroom discussion.

Eight finalists were awarded \$100 each, 165 entrants were given special recognition certificates, and all entrants received T-shirts imprinted with the design, PASS ON IT, by a grade 7 Richmond Hill student. The poster designs will be distributed to schools this fall.

First sponsored by the Foundation during 1979's International Year of the Child, the Festival was held to increase students' awareness of drug and alcohol problems.

Poster Festival winner Christine Jenner displays her design to John Zarebski, director of ARF's Chatham Centre.



CHATHAM DAILY NEWS

Red Lake Awareness Week

A one-day school holiday in the town of Red Lake enabled students to attend special events during a Drug Awareness Week organized by the Foundation in collaboration with the Northwestern Health Unit, the local OPP detachment, and such major mining companies as Denison, Griffith, and Campbell Red Lake. Activities included a poster contest in the schools, a program of public education involving the local media, and a school information program on alcohol and drugs.

Taped Telephone Messages Astoundingly Successful

Dial-A-Fact, the taped telephone message service which provides fast, accurate information on 41 separate drug and alcohol topics, has been astoundingly successful since its introduction in Metro Toronto last November and its swift expansion throughout Ontario via a toll-free number. Nearly 16,000 callers dialed for facts — mainly concerning cannabis and cocaine — during the first five months of operation. The messages, averaging five minutes in length, can be heard seven days weekly from 9 a.m. to 9 p.m.

Initial sponsorship of the brochure listing the available tapes was provided by the Junior League of Toronto. Others who will contribute next year include Canada Packers Inc., General Motors of Canada Limited, Gulf Canada Limited, and

staff and students of Central Hastings Secondary School in Madoc.

Cannabis Education Plans Tested on Students

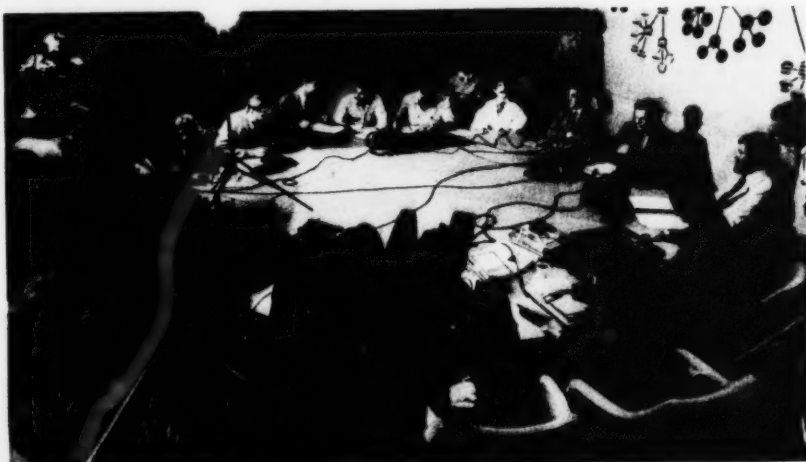
Aided by 4,000 Ontario students, Foundation researchers tested three approaches to cannabis education — one, zeroing in on potential health consequences, a second on legal consequences, and the third combining both.

Three sets of teachers' lesson plans, including 10-minute videotapes, were developed for grades 7 to 10, and taught during regular classroom sessions. Post-testing by researchers up to six months later showed that the programs involving health issues were more effective than the one dealing solely with legal consequences. An added benefit, however, was a marked improvement in the students' overall knowledge about cannabis. Therefore, besides its theoretical signifi-

cance, the project is expected to produce an effective set of cannabis lesson plans for Ontario teachers.

Young People and Parents Targets for Marijuana Info

In the 20 years since the Foundation started answering and recording public queries, the most frequently asked questions have concerned marijuana — its use, effects, and health and legal consequences. A new booklet, *Marijuana, Answers for Young People and Parents*, published in English, French, Italian, and Portuguese, not only encapsules previously published Foundation brochures, but includes a test to gauge readers' knowledge of the drug. During the year, 41,105 of these pamphlets were distributed free-of-charge to individuals and community groups in Ontario, and 6,775 were sold in other parts of Canada and the U.S. to help recover production costs.



This 1983 press conference introduced ARF's education initiatives to the Ontario media.



TRAINING OF PROFESSIONALS

Medical Training A Major Responsibility

One of the Clinical Institute's major responsibilities is its postgraduate training in alcoholism and drug dependence for medical residents in U. of T.'s departments of Internal Medicine, Family and Community Medicine, and Psychiatry. One graduate from each department has spent up to a year studying at the Institute. Another 23 spent up to two months in training.

The Institute has long been a fully-affiliated hospital of the University of Toronto, yet graduates from other Canadian and foreign medical schools also study there. Next year, for the first time, each of the 42 third-year medical students at Toronto Western Hospital will receive six hours of clinical bedside teaching by Institute physicians.

Collaborative Training

Training and development programs for addictions professionals are frequently conducted in collaboration with other agencies, groups, or organizations. Some examples:

- ARF staff in cooperation with the University of Western Ontario and the Council for Action on Alcohol and Drugs conducted a nine-session course on Addictions Management for 35 professionals from London.
- Toronto's Regional Programs' staff developed, conducted, and evaluated a program on basic identification of screening for alcohol and drug problems with 92 staff members of the Metro Children's Aid Society (CAS), Etobicoke's Catholic CAS, Correctional Services Canada, two John Howard

Society halfway houses, and the Lakeshore Multi-Service Centre.

- 74 public health nurses attended a workshop sponsored with the Ontario Public Health Association to explore reasons for individual and family alcohol problems, motivational skills for case management, factors obstructing prevention, and treatment planning when prevention fails.
- In response to Health and Welfare Canada requests for workshops on stress and addictions, Thunder Bay staff counselled 44 nurses plus management and clerical staff of the ministry's Medical Services branch. Similar workshops were conducted for 24 Native community health representatives, and 20 Native women learned ways of managing stress related to alcohol and drug problems.

Joint Residency Program

Previous inattention to problems relating to alcohol and drugs in the training of psychiatrists is being overcome by a joint psychiatric residency program between the Clinical Institute and Sunnybrook Hospital. Last year, the first resident completed his tour of duty; this year two more will train at the Institute. The Foundation is now also part of the regular residency placement matching program for U. of T.'s department of Psychiatry.



*U. of T. student
Tim Straiton is
receiving
postgraduate
training in
alcoholism and
drug dependence
from the
Foundation's
Clinical Institute.*

Comprehensive Curriculum For Psychiatry Seminar

In the past year, the Department of Psychiatry conducted a 50-session seminar on the psychosocial aspects of alcohol and drug problems for its staff and trainees, plus the U. of T. departments of Internal Medicine and Family Medicine.

The sessions covered a comprehensive curriculum such as historical aspects, conceptual issues, etiology, epidemiology, effects of drugs on human behavior, clinical syndromes, psychiatric considerations, treatment, special populations, and public health aspects. Each participant received carefully selected reading materials in advance, while the ARF library staff provided ready access to extensive supplementary reading lists for each session.

Initially designed for psychiatric and medical trainees, the seminar proved so popular that it will be repeated twice next year for double the number of participants from various medical fields. Information packets containing the reading lists for each session are now available from the Foundation's library.

Canadian Counselling Manual

A new manual and program guide to instruct addiction counsellors across Canada was developed by ARF staff under contract with Health and Welfare Canada through the National Planning Committee on Training for Alcohol

and Other Drug Services. The package contains source materials and training techniques on counselling communications skills, practical drug concepts, initial interview methods, and treatment planning strategies. The manual will be used to help train personnel in treatment service networks throughout Ontario.

Native Counsellors Complete Training Program

In its continuing efforts to support programs aimed at alleviating alcohol problems with Canada's Native people, the Foundation completed its first Counselling Skills Training Series for 15 counsellors in southern Ontario's Native Friendship Centres.

Conducted at the School for Addiction Studies, in conjunction with the Ministry of Citizenship and Culture, the series focused on basic counselling skills, practical drug concepts, assessment/referral, and treatment planning. Teaching kits from the course are currently being developed for future training programs.

An additional program was conducted for Native courtworkers from Red Lake, Thunder Bay, St. Catharines, and Toronto.

Other Countries Benefit From Foundation Expertise

Foundation expertise continued to benefit addiction programs in foreign countries. Administrative, educational, and technical support was again given to representatives from 14 nations participating in the Caribbean Institute on Alcoholism and Other Drug Problems — as it has since the Institute's inception in 1975. Funding is provided by the Canadian High Commission (Trinidad), the Pan American Health Organization (PAHO), and Caribbean agencies and firms.

In Nigeria, the Foundation co-sponsored its third training course, drawing participants from all 19 Nigerian states. Nigerian faculty, trained both at the Foundation and locally, form the core teaching staff, supplemented by an international faculty from England, Switzerland, the Ivory Coast, Zambia, Kenya, and Canada. Major financial support was provided by the Canadian International Development Agency (CIDA).

In 1985, on behalf of WHO, the Foundation completed five years of consultation with the Royal Thailand Government, assisting in its development of a national drug dependence training program. During that period, 14 key faculty members received instruction at the Foundation's School for Addiction Studies.



TRAINING OF PROFESSIONALS

Health Professionals Link Up Through Teleconferencing

An exciting concept for linking health professionals in northern Ontario and Alberta with experts in Toronto was launched last year through the Telemedicine for Ontario project, sponsored by Toronto General Hospital (in affiliation with the U. of T.) and the Canadian arm of the Royal College of Physicians and Surgeons.

Called "teleconferencing," experts in various fields are able to

lecture, and then answer questions, by video and audio hookup. The Foundation's introductory program to health professionals in such Ontario communities as Red Lake, Kenora, and Sioux Lookout, plus Alberta, was on Alcohol Abuse and Seniors. A second lecture dealt with Alcohol Withdrawal, and more programs are planned for next year. Through the School for Addiction Studies, the Foundation is also exploring other methods of distance education, and potential uses of computer technologies.



Experts at the School for Addiction Studies are linked with health professionals in northern Ontario communities through "teleconferencing."

Ontario Communities Get Detox Advice

More than 140 persons employed by Ontario's detoxication centres and halfway houses, plus Native and Salvation Army workers, were trained by the Foundation last year.

Besides consulting with groups planning new alcohol programs in Owen Sound, Barrie, and North Peel, the Foundation also advised existing detox and rehabilitation services in Sault Ste. Marie, Ottawa, North Bay, Simcoe, Hamilton, and St. Catharines. ARF staff were also keynote speakers to various women's groups, the Construction Safety Association, the Alcoholics Anonymous Ontario Conference, and various Recovery Homes.

Treatment Service Network Expanded to 17 Programs

This year the Foundation expanded its support of treatment service networks in various Ontario communities. Training programs were provided for health and social agencies, and for Native and ethnic counsellors. So far, 17 programs involving 420 participants have been planned or conducted in Kingston, Napanee, Pembroke, Ottawa/Carleton, Peterborough, Barrie, Peel, Toronto, Kenora, North Bay, Dryden, and Windsor.

Plans are now underway to expand community-based training to counsellors in London, Belleville, Hamilton, Windsor, Sudbury, and Brockville.

Upgrading and Refining Skills

To ensure that the knowledge, skills, and attitudes of people in the addictions field are maintained at a high level, each section of the Foundation organizes educational programs — workshops, seminars, lecture series, etc. — conducted by ARF staff. For example:

- Clinical Institute staff taught an eight-lecture Alcohol and Drug Dependence course to 250 third-year U. of T. medical students and conducted two elective workshops for 15 students each.
- Treatment training programs which focused on behavioral therapies, basic counselling skills, group therapy, and relaxation and stress management were organized for 100 addictions specialists by the School for Addiction Studies and the Clinical Institute.
- Kingston Centre conducted seven workshops on specialized topics for 93 staff of health care agencies in eastern Ontario.
- In Brant County, members of the Native Peoples Alcohol and Drug Centre and the coordinator of the Crisis Centre at Ohsweken attended training sessions on assessment and case management.

French Training Program For Social Workers

Foundation staff in the Ottawa-Carleton region have developed a training program to assist French-speaking social workers in nine health and social service agencies. Having taken the course, the social workers will be able to identify and refer Francophone clients with drug abuse problems to Maison Fraternité. This is the new addictions treatment centre for Francophones in Ottawa-Carleton, jointly funded by the Ministries of Health and Community and Social Services. It offers a comprehensive assessment/referral service and a 28-day inpatient and follow-up program. Seven of its staff were trained by ARF last summer. Also, in response to the need for French-language materials and the training of health educators, special kits were developed and an orientation program was conducted for 15 teachers in the region's four French-language high schools.

Survey of the Young Reveals Drug Trends

One of the most frequent questions asked ARF staff is "How many young people are taking drugs?" Thus, every two years since 1977, Foundation scientists have studied drug use by Ontario's student population. A total of 261 classes throughout the province participated in the survey, involving more than

5,800 students in grades 5, 7, 9, 11, and 13.

The results showed that cannabis, alcohol, and tobacco are still the most popular drugs, and most drug use was stable between 1981 and 1983. The use of cannabis, however, declined from 29.9% to 23.7%. Since it is the most popular illicit drug with young people, this downward trend is encouraging.

The study of drug use among students is now expanding to a larger number of schools in Ontario, and is receiving wide media coverage throughout Canada.

The Journal Stands First In Nationwide Competition

Growing numbers of physicians and pharmacists are turning to *The Journal* for news about addictions. Last year alone, 2,339 family physicians and 2,334 Ontario pharmacists were added to the popular monthly tabloid's mailing list.

More than 312,000 copies of *The Journal* were distributed in 1983-84, with 77% going to Ontario and Canadian readers, 8% to the U.S., 2% abroad, and 13% to the media and group subscribers.

Pinpointing the newspaper's importance, the Health Care Public Relations Association gave it the first place Award of Distinction in a nationwide competition.



TRAINING OF PROFESSIONALS

Underage Drinking Studies Query Problem Youths

In two Foundation studies conducted to obtain information on adolescents convicted of underage drinking, 200 youths were interviewed immediately after conviction, and again about 17 months later.

Although serious alcohol problems can develop in adolescents, little is known about these individuals, why the problems occur, or what can be done to reduce their incidence and severity. Yet, while many adolescents experiment with alcohol before the legal age, only a tiny proportion are convicted of underage drinking. Thus, in the studies, the convicted youths were queried about their drinking behavior, socioeconomic status, family and peer environment, and attitudes towards the law. The results indicate that these youths are heavier drinkers, and experience more problems as a result of drinking, than a control sample of adolescents. Additionally, for many of these youths their problems continued or worsened over the follow-up period.

Few differences, however, were found between the young drinking offenders and a sample of youths convicted of offences not involving alcohol. The latter group also appeared to experience many problems as a result of alcohol consumption.

Forbidden Highs Fills Info Gap

A popular new Foundation book, *Forbidden Highs*, fills a major information gap by summarizing Canada's lengthy experience with illicit drugs, and providing a single reference source for readers. Beginning with an historical description of how the first anti-opium laws were enacted, there are sections reviewing both national and international laws and the sociocultural context of drug use. Other chapters cover cannabis, heroin, stimulants, cocaine, LSD and other hallucinogens, and solvents. The book also reviews both treatment and prevention of drug abuse in Canada, and contains a variety of tables and figures about illicit use.

Besides being well reviewed and widely distributed in Canada and other countries, *Forbidden Highs* is also used as a textbook in several criminology courses at Canadian universities.



Essential Reference Texts Cover Cannabis Health Risks

Two new major reference works on the health effects of cannabis will be standard texts for addictions specialists. The first, a comprehensive annotated bibliography entitled *Cannabis: Health Risks*, includes 1,719 entries covering the world literature from 1844 to 1982, together with an introductory essay on the evolution of the cannabis field and extensive author and subject indexes. As the most complete and up-to-date bibliography available, it will be essential to researchers, teachers, and health care professionals.

The second work, *Cannabis and Health Hazards*, is the result of an ARF/WHO scientific meeting held in Toronto in 1981. It includes the 13 background papers prepared for the conference (and subsequently updated by the authors), as well as the text of the official report. The authors, constituting an expert international panel, present critical appraisals of the evidence relating to all the major topics to date. They had the material contained in *Cannabis: Health Risks* available to them in the preparation of their background papers. Edited by two Foundation scientists, *Cannabis and Health Hazards* is the most extensive and authoritative reference source on the subject.



CONTROL STRATEGIES

Popular Tranquillizer Book Has Worldwide Impact

A small book coauthored by a Foundation scientist was a big factor in the recent WHO decision to recategorize tranquillizers (under Schedule IV of the 1971 Convention on Psychotropic Substances). But the book, *The Effects of Tranquillization: Benzodiazepine Use in Canada*, has also made an impact at home. At the request of the Ontario Medical Association, it was sent to every practising physician in the province. More than 74,000 copies have been distributed since 1982 to health care professionals, medical educators, and private citizens in Canada and other countries.

Statistical Trends Traced

In 1983-84 a major collaborative project involving scientists from seven countries was successfully completed. The International Study of Alcohol Control Experiences, conducted under the auspices of the World Health Organization, had already produced a two-volume report published by the Foundation and entitled *Alcohol, Society, and the State*. Favorably received by reviewers, the report is now into a second printing. In 1983, the third and last volume in the series was completed. Entitled *Consequences of Drinking*, the work is a collection of articles on statistical trends in alcohol-related problems. Information from the study has im-

proved the Foundation's understanding of changes both in Ontario's alcohol control system and those in other countries, and the impact of these changes on alcohol-related problems.

Studies on Public Drinking Influence Government Bring Experts Together

A preliminary report of the impact of beer sales on public drunkenness at Toronto's Exhibition Stadium was influential in the provincial government's decision to impose greater restrictions on the licensee, and to increase enforcement efforts. The report, resulting from a new ARI series of observation studies on public drinking behavior, also captured the interest of other provinces and the federal government.

A symposium on Public Drinking and Public Policy, co-sponsored by the Foundation, Alberta, and Ottawa, brought together expert observers on tavern behavior with representatives of eight provincial licensing boards for a productive dialogue between researchers and policymakers. Such a dialogue will likely result in regular contact so that the work of alcohol researchers will be reflected in future government policy decisions, and the information needs of policymakers will be assisted by Foundation research.



ARI's studies of public drinking behavior have captured the interest of other provinces and the federal government.



DRIVING SAFETY PROGRAMS

Police Officers Surveyed For Enforcement Perceptions

Nearly 1,000 Ontario police officers and administrators were surveyed for their perceptions and enforcement practices regarding the drinking-driving laws. The officers surveyed had been on the force an average of 10 years, and 25% had advanced training. They averaged 10 drinking-driving arrests each a year.

The survey indicated that greatly increased arrest rates are impossible without streamlining the entire legal system — since the average arrest takes two hours to process. The paperwork alone takes 50 to 90 minutes to complete — often involving up to 20 forms, many requesting redundant information.

The majority of officers felt the public attitude towards drinking and driving to be negative. They also felt that the major problems in drinking-driving enforcement were: manpower shortages, the court system, the time-consuming arrest process, and the lack of enough Breathalyzer technicians and roadside screening devices.

Critical Review of Studies Reveals Good News For Rehabilitation Programs

Rehabilitation programs for convicted drinking drivers have been a controversial method of combating the impaired driving problem. To evaluate the usefulness of such programs, the Foundation undertook a critical review of all studies made on the subject since the early 1970s. Acknowledging the difficulties associated with research in this field, the review enumerates some promising consistencies, although the results will need to be replicated.

Some negative reviews in the past may have been premature. It now appears that certain programs may be effective in reducing recidivism among convicted drinking drivers. For example:

- Educational programs seem to have positive effects on social drinkers — but not on problem drinkers or alcoholics.
- Intensive treatment-oriented programs for certain heavy drinkers and alcoholics have also shown some effectiveness.

The review concluded that rehabilitation programs should supplement, not replace, legal sanctions — which provide important traffic safety benefits. Methods also need to be developed for matching individuals with beneficial programs.

Sudbury Awareness Week Combats Drinking/Driving

The Sudbury office collaborated with Alcohol and Drug Concerns, Inc. and other agencies in organizing an Awareness Week aimed at combating drinking and driving. The program resulted from increased community concern, as well as an Inter-ministerial Task Force's suggestion that community-based efforts and problem resolution are the key factors in reducing drinking and driving.

The Awareness Week included mall displays, radio and TV talk shows, and a proclamation signed by the Sudbury mayor. The highlight was a one-day conference entitled Drinking and Driving — Everyone's Problem, at which staff of the newly-formed Provincial Drinking and Driving Countermeasures Group gave the key address. The conference, which drew 100 people, was the first of its kind in Ontario.

Alcohol Education Kits With Keys and Licence

Drinking drivers caught in several northeastern Ontario communities face suspension of their licence for 12 hours, following a new intervention program developed by the OPP and the Foundation's Timmins office.

When drivers return to pick up their keys and licence, they are given an alcohol education kit. Three kits have been compiled: one, for males between 16 and 30, one for males over 30, and one specifically for women. Information in these packages pertains to drinking and driving, alcohol and the family, available treatment resources, and general information on alcohol.

Lessons on Impaired Driving

After two classes conducted by Foundation experts in Hamilton-Wentworth schools, grade 11 health education students graphically discovered how alcohol and cannabis diminish their ability to drive. Students said the lessons not only increased their knowledge about alcohol and marijuana, but increased their resolve not to drive while drinking or impaired.

Special Journal Summarizes Issues

The public's concern about drinking and driving prompted an updated Foundation review of the vast amount of research available on the topic. A special issue of the journal, *Accident Analysis and Prevention*, was published to summarize relevant issues and research. The first section reviews some of the Foundation's assumptions about countermeasure development and research; the second focuses on the current state of rehabilitation and enforcement legislation. This special issue offers both researchers and laypeople an expert look at drinking-driving countermeasures.





EMPLOYEE ASSISTANCE PROGRAMS

Three Key Programs Result from Survey

A survey of 500 Metro employers was carried out in 1982 to determine their employee assistance program (EAP) status and needs. As a result, three key programs were initiated last year.

First, recognizing that hospitals can serve as models for worksite standards and employee programs, the Foundation targeted 11 Metro hospitals, with a total of 16,000 employees, as sites for developing EAPs. Preliminary work in orienting management and employee representatives has begun, and negotiations are underway to develop written policies and procedures for these hospitals.

Second, high priority was placed on increasing the number of EAPs in small-to-medium-sized firms. Seven companies (totalling 1,900 employees) have developed new EAPs with the Foundation's assistance in the past year.

Third, Foundation staff have provided leadership in developing an EAP Association for Metro Toronto. The Association is expected to facilitate coordination between all EAP personnel through information exchange, joint training programs, peer consultations, and promotion of EAP research. After several months spent developing a constitution, the Association recently held its first annual general meeting, elected a slate of officers, and approved an organizational structure to carry out its objectives.

Newsletter and Pamphlets Help Spread Information

On-Site, a quarterly newsletter on emerging trends and innovative developments in employee assistance programming, came on-line in 1984 and is already being read by 4,000 Ontario business managers, union officials, and health professionals. Another new publication was a folder containing six pamphlets which describe what EAPs are, how to set up a program, the role of management and unions, and special advice for small businesses (57% of the established EAPs in Ontario have fewer than 500 employees).

Continuing Support For EAP Councils

As part of an ongoing project, the Foundation's local EAP consultants have continued working with community councils or advisory groups comprised of representatives from labor and management, and health and social services. These councils act as a resource pool for employers interested in setting up EAP programs. They also provide a forum for discussion of worksite issues, and identification of program needs. EAP councils have been established in Hamilton, Kitchener, Niagara, Windsor, Toronto, Orillia, and Mississauga. In eastern Ontario, a Regional EAP Advisory Committee is comprised of members from Cornwall, Brockville, Peterborough, Belleville, Ottawa, and Kingston.

Ontario Business Benefits From ARF's Unique Position

Through its local offices, the Foundation is in a unique position to integrate preventive and rehabilitative programs to reduce health care costs and improve productivity in Ontario businesses. Consultants provide such services as policy and program development, supervisory and union personnel training, evaluation and monitoring of established EAPs, and identification of supportive community resources. In all, 512 Ontario organizations — representing 10% of the workforce — have established programs. Since 1981, ARF staff have conducted 745 training programs for 20,000 union and management personnel.

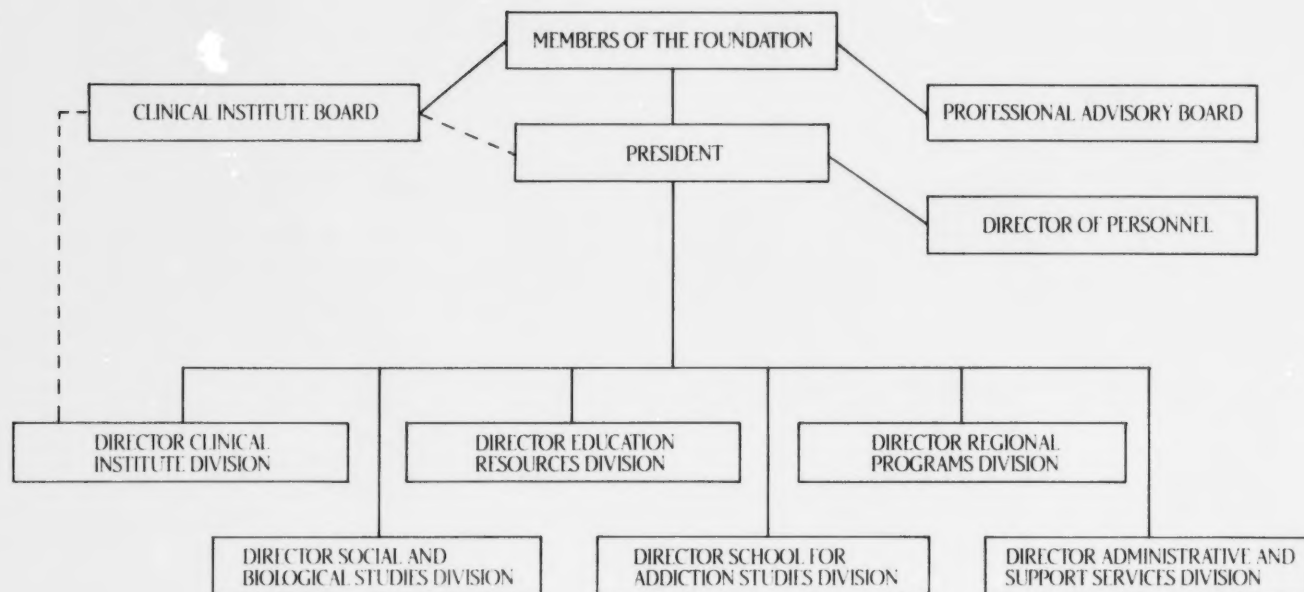
Relax and Drink Less

Beyond Stress, a relaxation course for employees, was conducted to determine the potential of relaxation programs to reduce alcohol intake. The program demonstrated some usefulness with all but the heaviest consumers. The positive changes appear to have been at least partly due to reduced distress and anxiety and an increased feeling of self-worth. The results of the studies underscore the value of a comprehensive approach to mental and physical health in the workplace as a way to prevent and treat alcohol and drug abuse problems.



ORGANIZATION AND STATEMENT OF OPERATIONS

ORGANIZATION STRUCTURE



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*M.D. Vogel Sprott, Ph.D.
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D.C. Williams, Ph.D.
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*Term expired December 31, 1983

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Waterloo

*As of March 31, 1984

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*As of March 31, 1984

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A.P. Charles, M.A.
Director
Administrative and Support
Services Division

J.C. La Rocque, M.S.W.
Director
Regional Programs Division

D.E. Meeks, Ph.D.
Director
School for Addiction Studies

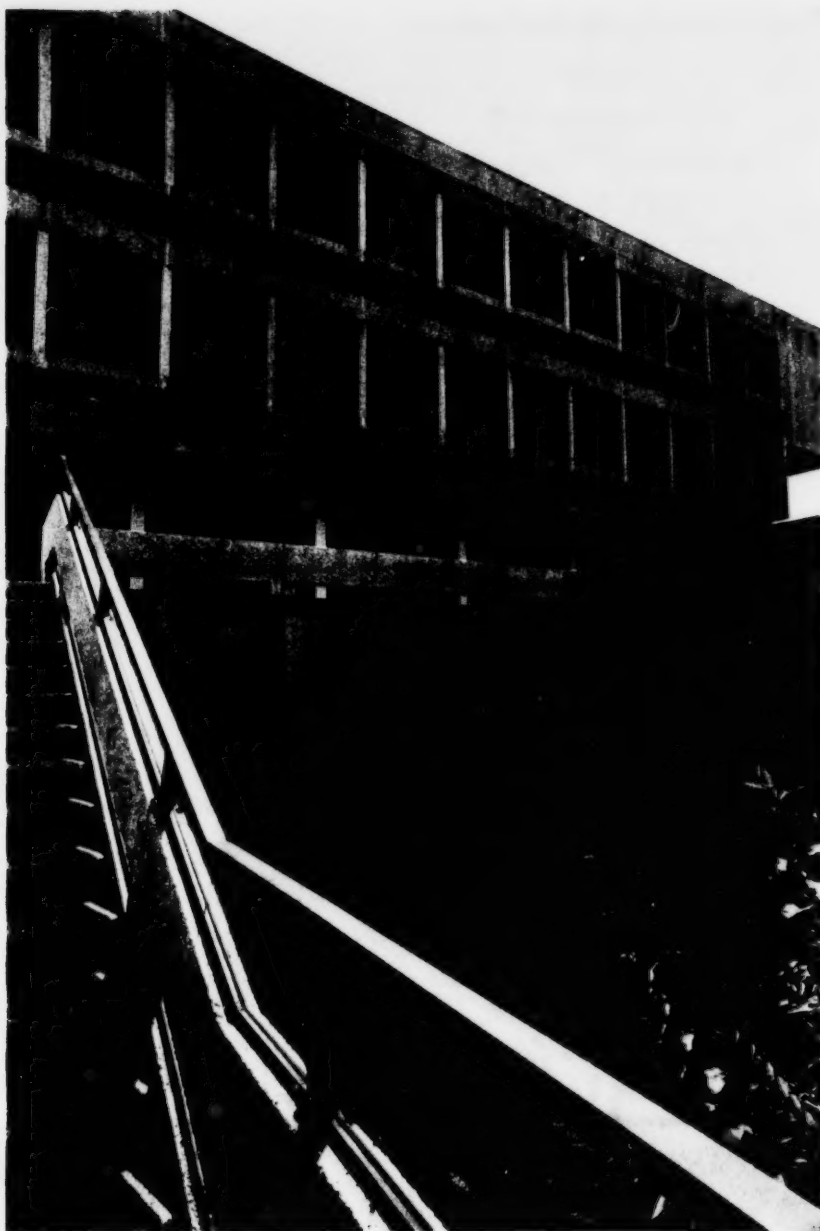
R.E. Popham, M.A.
Director
Social and Biological Studies Division

H.J. Schankula, M.A.
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Education Resources Division

E.M. Sellers, M.D., Ph.D.
Director
Clinical Institute Division

L. Weiss, M.B.A.
Director of Personnel

*As of March 31, 1984



THE FOUNDATION

The Addiction Research Foundation was established by the Ontario government in 1949 to provide research and treatment in the area of alcoholism. In 1961 the mandate was broadened to include "drug addiction," and the name was changed to the Alcoholism and Drug Addiction Research Foundation.

By statute, the Foundation's mandate covers three areas: research, treatment, and information dissemination.

Traditionally, Foundation priorities have been determined by "need," which can be defined in terms of both the prevalence of alcohol or drug use in this province and country, and the severity of its consequences. (In this context, any assessment of consequences must take into account not only the risk of disease or death for the individual user, but also such costs to the community as lost productivity, family and social problems, and law enforcement.)

Coupled with "need" there must, of course, be opportunity — a knowledge base adequate to identify productive "next steps" to achieve the particular objective — and access to appropriate human and material resources.

An Overview

Administratively, the Foundation is organized into six divisions: the Clinical Institute, Social and Biological Studies, Education Resources, the School for Addiction Studies, Regional Programs, and Administrative and Support Services. A brief overview of divisional activity is presented on the following pages.

A quite different perspective on the Foundation's programming is shown in Figure 1 which identifies program areas in functional terms. Some of the implications of this functionally interactive approach to programming are:

- A "building" process from research to education and training to policy advice, so that research findings are effectively brought to bear on treatment and prevention initiatives;
 - Feedback loops from the community-based staff to the research programs;
 - Constant updating of the Foundation's position and advice on various questions as a result of new information.
- Also, identified in Figure 1 are specific goals to which the Foundation's programs are directed. They include:
- Increased public knowledge and awareness of alcohol and drugs;
 - Alcohol and drug control policies and strategies which take into account public health aims;
 - Increased (addictions-related) knowledge and skills of (health and social service) professionals;
 - Effective and efficient treatment methods and systems (for individuals with alcohol and drug-related problems);
 - Improved traffic safety programs;
 - Effective employee assistance programs.

With these goals providing direction for its activities, the Foundation is committed to enhancing the understanding of alcoholism and addiction, and working with communities and the Government of Ontario to develop and implement cost-effective treatment services and prevention programs.

A SYSTEMS FRAMEWORK FOR A R F PROGRAMMING

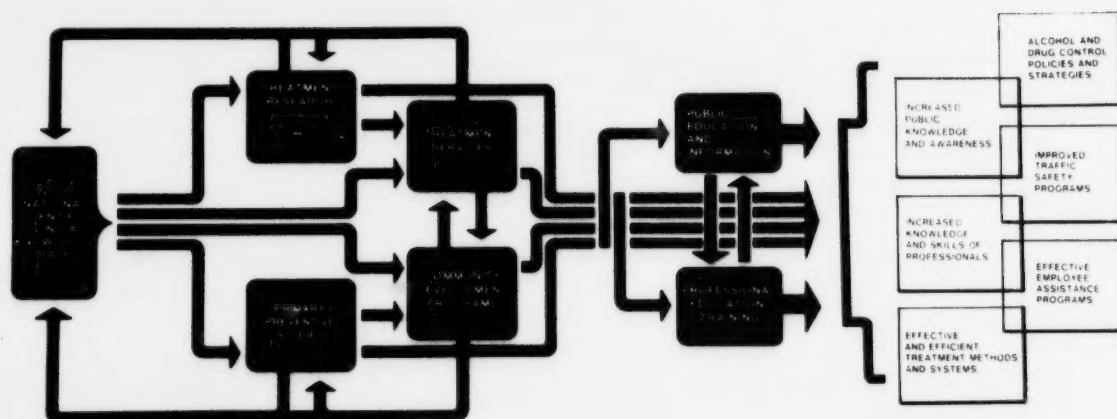


Figure 1



CLINICAL

Divisional

The Clinical Institute was established in 1971 and designated by the Public Hospitals Act to treat patients suffering from alcohol and drug-related problems. Located at 33 Russell Street, Toronto, it is a fully affiliated teaching hospital of the University of Toronto.

Besides providing quality treatment to its patients, it researches problems associated with alcohol and other drugs, and provides practical training and education programs, not only to students but to Foundation staff and other professionals in Ontario.

The following treatment programs are provided by the multidisciplinary staff.

Primary Care is the initial point of contact for new patients and provides intake, orientation, case management, and supportive counseling services.

Assessment determines the appropriate treatment program for each patient.

Outpatient Sociobehavioral Treatment Services include a basic substance-abuse focused treatment, combined with a range of specialized interventions addressing related

INSTITUTE

Overview

problems in other areas of life. These interventions include individual counselling, marital and family therapy, relaxation therapy, vocational counselling, leisure counselling, and group therapy.

Day Treatment Services includes three specialized day treatment programs linked to a Socio-behavioral Inpatient Unit. Clients can attend the day treatment program on either a residential or outpatient basis. The three programs are:

- 1) *Abstinent Lifestyle Treatment Program* — a day treatment program focusing on goal planning and implementation to help clients achieve a drug-free life.
- 2) *Young Drug Users Program* — a day treatment program based on the theory that drug use is a learned behavior. Specific treatment goals are based on an analysis of each client's drug use.
- 3) *Employed Problem Drinkers Program* — a three-week intensive treatment phase and one-year follow-up for clients whose alcohol problem has been identified in the workplace.

Detoxication Unit (located at 410 Dundas Street West) provides services for people who are intoxicated or experiencing withdrawal symptoms. It also arranges referrals for further treatment.

Drug Therapy Program provides comprehensive outpatient treatment to patients who abuse alcohol, opiate-type narcotics, or prescription drugs, and for whom both pharmacological (e.g. disulfiram, calcium carbimide, methadone) and sociobehavioral treatment may be necessary.

Ambulatory Medical Services provide medical assessment, management, and follow-up for the medical complications that arise from, or are concomitant with, drug and/or alcohol abuse. Emergency, medical screening, primary medical clinics, psychiatric consultation, and sub-specialty clinics in gastroenterology, clinical pharmacology, and neurology are included in the services.

Emergency Services provide medical and sociobehavioral crisis intervention for individuals in such acute states as intoxication, withdrawal, overdose, etc.

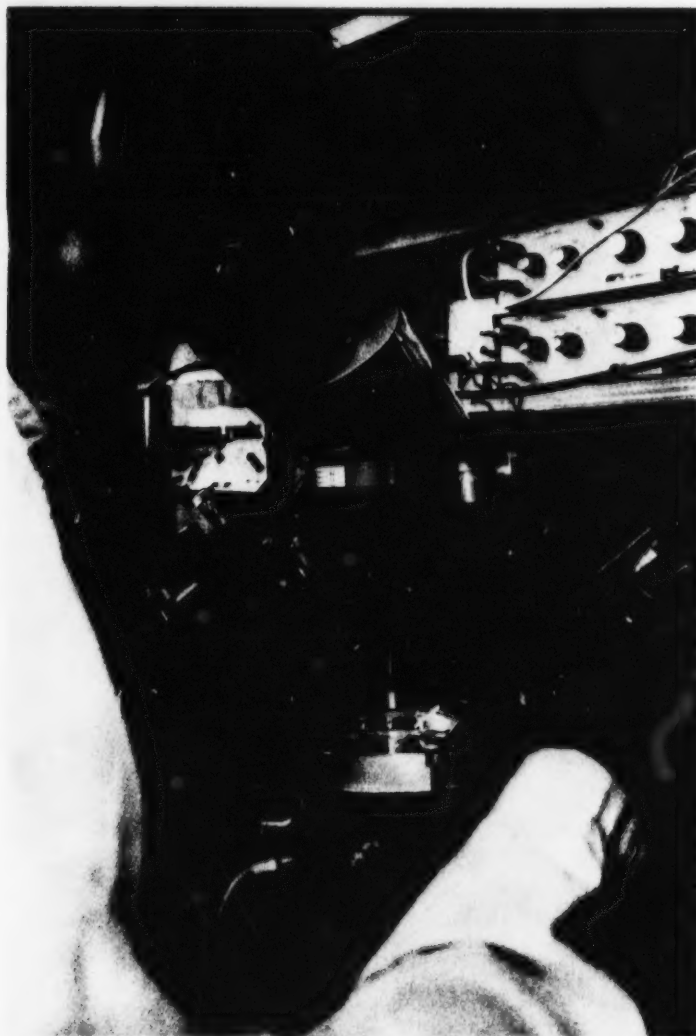
Medical Unit is an inpatient hospital ward for patients with alcohol and/or other drug problems who require medical and nursing care.

The Clinical Institute's research thrust is into the causes and consequences of alcohol and other drug dependence, as well as improving existing treatments and developing new ones. The major focus of research is in the biomedical and sociobehavioral areas, where studies

are concerned with preventing and treating such major alcohol and drug-related problems as excessive alcohol consumption, liver disease, brain damage, alcohol withdrawal, sociobehavioral problems, smoking, and benzodiazepine abuse.

Senior scientists in the Clinical Institute hold academic appointments at the U. of T. and other universities and colleges. Projects are conducted in collaboration with the university, the Toronto General Hospital, and other hospitals and organizations. All research projects require administrative, scientific, and ethics reviews and approval to ensure that only ethically acceptable, high quality priority projects are conducted.

As a teaching hospital, the Clinical Institute trains and educates U. of T. health care students at the undergraduate, graduate, and post-graduate levels. Courses on alcohol and drug dependence are taught in the Faculty of Medicine's departments of Medicine, Family and Community Medicine, and the Division of Community Health. Addictions courses are also on the curriculum of the faculties of Pharmacy, Nursing, Social Work, and the Arts and Science's department of Psychology.



SOCIAL AND

Divisional

The primary responsibility of the Social and Biological Studies Division is to provide a sound knowledge base for educators, community workers, legislators, and others concerned about reducing the frequency of problems attributable to drug use. The emphasis is on seeking ways to prevent addiction problems from occurring rather than coping with the problems presented by those already addicted. However, some of the laboratory research, aimed at discovering the underlying causes of addiction, may well, in the process, contribute to better methods of treatment as well as prevention.

The Division is comprised of nine sections reflecting the main areas of work. These are grouped into three departments: *Social Policy Research*, *Program Development Research*, and *Biobehavioral Research*. The first is so-named because the research aims to discover how environmental factors such as control measures affect the frequency of drug-related problems, and the findings apply mainly to the formulation of effective social policy. Among other contributions, the department has developed a

BIOLOGICAL STUDIES

Overview

strategy to prevent the increasing prevalence of alcohol problems, which has had considerable impact on preventive efforts in Ontario and elsewhere.

The *Program Development Research Department* develops and tests specific prevention programs, such as drug education programs for primary and secondary schools, employee assistance programs for industries, and more effective approaches to the drinking-driving problem. In addition, the effects of particular drug control measures — such as those pertaining to the use of cannabis and narcotic drugs — are studied, and regular surveys are undertaken to monitor the prevalence of non-medical drug use in both young people and adults.

Biobehavioral Research poses two major questions. The first is: What are the rewards which lead certain people to consume large amounts of alcohol and other drugs? Here the objective is to understand the brain mechanisms of reward which drugs trigger in order

to develop ways of treatment and procedures to block the rewarding effects, and thereby prevent addiction. The second question is: What causes the damage, especially to the brain and the liver, from the consumption of drugs? Past work on this question resulted, for example, in the discovery of a probable mechanism by which liver damage occurs in many heavy drinkers. This, in turn, led to a proposed new treatment which is now under investigation in the Clinical Institute, and promises to reduce significantly the amount of hospital care required in some cases of alcoholic liver disease.

Finally, in addition to research, the division provides certain services for other workers in the field. For instance, the *Drug Analysis Section* identifies "street drug" samples submitted by physicians, and the *Statistical Information Section* produces an annual report which brings together alcohol and drug statistics from a range of local, national, and international sources. The report is widely used by educators, health workers, and the public. Scientists in the division contribute substantially to Founda-

tion education, training, and advisory functions by teaching at the School for Addiction Studies, local universities, and community colleges. They also review educational materials for scientific accuracy, provide media interviews, answer inquiries from professional health workers, lawyers, students, and the general public, and respond to requests for updated reviews and expert advice from provincial and federal departments, and such international bodies as the World Health Organization.

EDUCATION

Divisional



The bookstore at 33 Russell Street distributes Foundation publications as well as addiction-related materials from other publishers worldwide.

The Education Resources Division is comprised of two units:

1. *Development and Production* conceptualizes, oversees, and follows through on the creation of print material and visual productions such as television.
2. *Information and Promotion* involves promoting and disseminating the information once it is produced. This department includes the Library, Information Services, Dial-A-Fact, Marketing, and anything which transfers specific information and knowledge (written or spoken) to target audiences.

Both of these units work closely with other Foundation divisions in the preparation, codirection, and production of specific materials used for public information, public and school education, and professional development and training.

RESOURCES

Overview

The ultimate goal of the public information program is to prevent harm caused by alcohol and other drug use. Transmitting knowledge to the public about the effects of alcohol and other drugs and consequences of their use on the individual, family, society, and culture is necessary to the prevention goal.

To encourage a health orientation, the Division emphasizes tailoring the message to specific audiences, and examines such areas as attitudes, expectancies, values, and beliefs. The Division realizes its goals through the dissemination of information from its various departments.

The *Media Relations* department works closely with media within the province and beyond, initiating and responding to issues of public interest.

The Division has a mail order operation in its *Marketing Department* to promote the distribution of Foundation products within Ontario. It also recovers costs by selling materials outside the province.

The Journal, now in its second decade, is a science newspaper that reports on drug and alcohol issues, using correspondents from around the world. This information is primarily distributed to professionals, gatekeepers (persons who influence young people, including teachers and parents), opinion makers, and leaders in Ontario communities.

The *Library* is a fundamental source of information and resource material for professionals, students, and the general public. It houses one of the world's best collections of alcohol and drug literature.

In addition to its proactive public education programming for adolescents and young adults, the Division produces material for other related groups such as parents, people in employee assistance programs, patients, and professionals.

The *Development and Production Department* has science writers and communication specialists who develop print and audiovisual materials from conception to final production. This material is then distributed through the marketing department.

The Division also serves other divisions and organizations within Ontario. It provides expert consultation in the communications area of alcohol and drug education, and personal consultation as part of its responsibility as a World Health Organization collaborating centre. The Division also supplies and collaborates with other organizations to produce alcohol and drug-related education materials.



SCHOOL FOR

Divisional

The School for Addiction Studies at 8 May Street, Toronto, was established in 1978 as a focal point for Foundation training and development programs. Its programs are aimed at professionals in Ontario communities, health-related divisions of colleges and universities, selected students and professionals from other provinces and countries, and staff of the Addiction Research Foundation.

On-site and off-site programs of the School attracted 1,008 participants in 1983-84. Twenty-six courses, workshops, and seminars at May Street were attended by 588 participants. Subjects included: *Fundamental Concepts in the Field of Drug Dependence; Pharmacology and Drug Abuse; Basic Counselling Skills; Behavioral Interventions; Seminars for Scientists; Group Therapy; Relaxation and Stress Management; Perspectives on Employee Assistance Programming; Research Methodologies; Prevention Strategies; and Alcohol, Other Drugs, and the Law.*

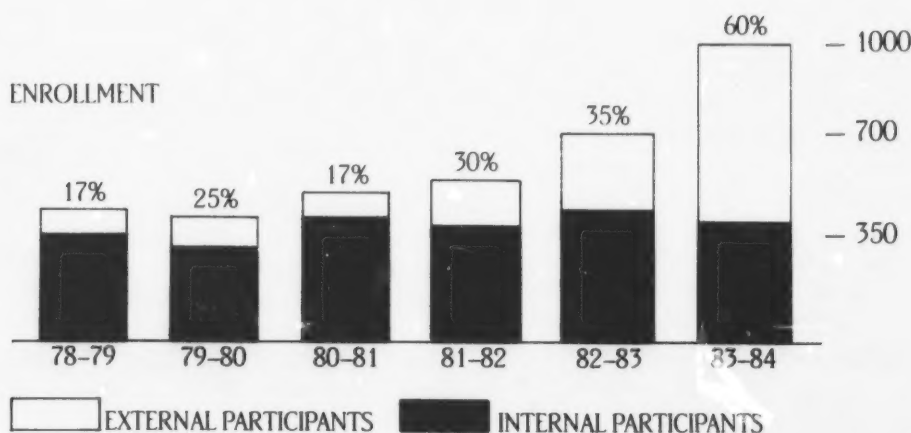
ADDICTION STUDIES

Overview

In collaboration, the School and the Regional Programs Division (RPD) conducted 17 programs for 420 participants to support RPD's development of community-based treatment services across Ontario. In 1984-85, the School and Regional Programs will extend community-based training programs to personnel involved in health promotion, employee assistance programming, and school systems.

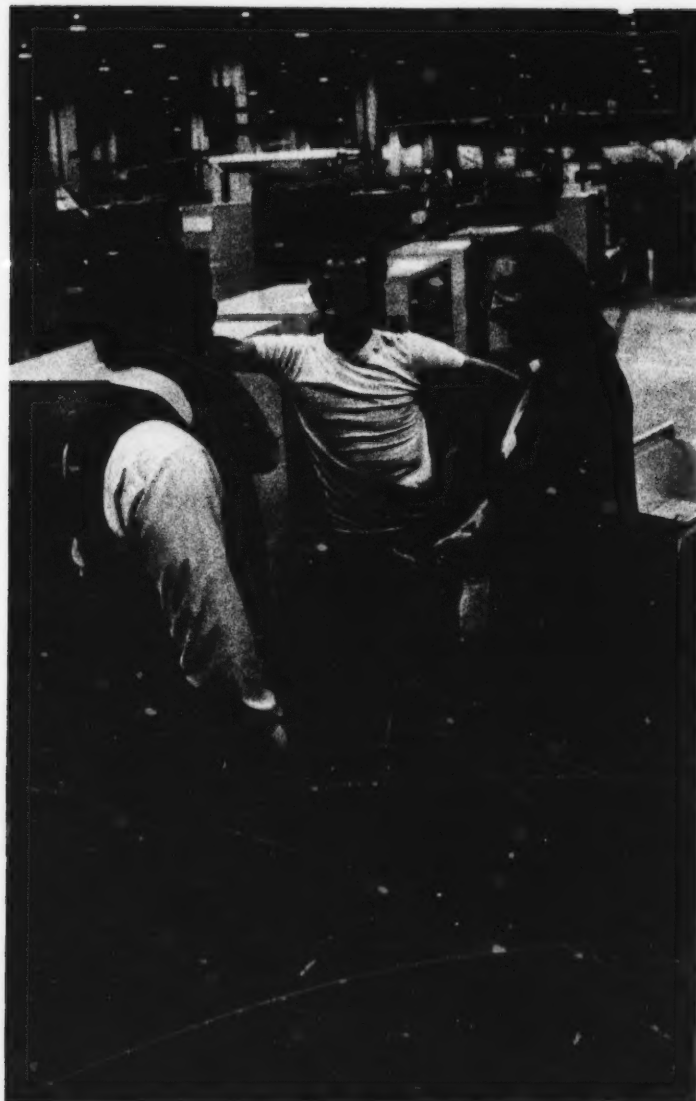
The School's relatively small, full-time staff complement provides expertise in educational planning and design, management, and evaluation. For expertise in particular subjects, the School relies on staff from other Foundation divisions and the community. All programs are conducted in collaboration with other divisions, and more than 100 individuals are involved in planning and teaching. Each division is surveyed annually to determine educational needs in line with Foundation priorities and objectives.

The school also coordinates the Foundation's national and international training programs. Trainees come to the Foundation from many parts of the world. In 1983-84, the Foundation provided technical consultation for training programs in Nigeria, Thailand, and the Caribbean Region. The bargraph below shows the proportion of external and internal participants from 1978 to 1984.



REGIONAL

Divisional



Carol Ann Curnock, Foundation EAP consultant, meets with employees at the Steelcase Canada Ltd. plant in Don Mills, Ontario.

The Foundation's statutory mandate to serve the communities of Ontario is achieved by the Regional Programs Division which initiates a wide range of programs to prevent, treat, and rehabilitate alcohol and drug dependent residents of Ontario. In addition to these proactive activities, various hospitals, employers, District Health Councils, school boards, parents, social welfare agencies, and individual citizens frequently seek Foundation assistance in developing and conducting treat-

ment services, and developing employee assistance programs, health promotion activities, and public education programs. The Foundation responds to the needs of these target groups through the Division's 30 offices across the province.

The Ministry of Health's directive to maintain high yet cost-efficient standards of health care by concentrating on a community-based health care system is reflected in the Foundation's model for treatment services which: (a) increases awareness of the importance of early identification; (b) promotes standardized assessment techniques by physicians, hospital, and other health and social service personnel; and (c) ensures that needs related to alcohol and drug dependency are both effectively and efficiently met through the coordination, mobilization, and redeployment of existing resources.

During 1983-84, more than 20 new projects were developed, which were sanctioned by local District Health Councils and/or other community agencies on the basis of their potential for improving addictions-related treatment services.

The purposes of these projects (which were implemented in strategic locations throughout Ontario) were to:

- Train Francophone health and community service workers in assessment referral.
- Improve services to Metro Toronto's elderly population.

PROGRAMS

Overview

- Integrate the justice system in Niagara with the addictions treatment network.
- Establish an assessment service for the Italian community of Metro Toronto, as well as increase accessibility of immigrant populations to the addictions treatment services in Toronto.
- Train health and community service workers in Metro Toronto and Durham Region.
- Improve women's rehabilitation facilities in Niagara, and establish an addictions day care program in Niagara.
- Develop and/or improve the service delivery capacity of existing assessment/referral services in such locations as Kenora, North Cochrane, Renfrew County, Napanee, Niagara, Hamilton-Wentworth, North York, and Metro Toronto.
- Improve the overall functioning and capability of the 24 assessment/referral services now existing in Ontario through staff training, case management consultation, record-keeping systems, and coordination.
- Establish seven new assessment/referral and primary care services in the counties of Perth, Huron, Brant, Kenora, Renfrew, Kent, and Lennox and Addington.
- Establish early case identification services in Niagara, Essex, Brant, and Kent counties.

Since alcohol problems result in absenteeism, lateness, poor work, accidents, and low productivity, various business organizations, public service agencies, and unions routinely seek help for their addicted personnel, many of whom are valued long-term employees.

Employee assistance program (EAP) policies, developed and implemented with Foundation guidance, serve 512 organizations and 430,800 employees, or 10% of the total workforce in Ontario. These organizations fall within the following workplace sectors: Manufacturing 46.5%; Community, Business, and Personnel Services 25.2%; Public Administration and Defence 11.3%; Transportation, Communication, Other Utilities 7.2%; Other 9.8%.

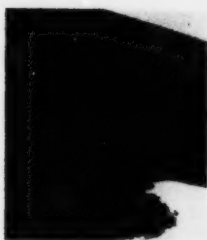
The median size of these organizations is 620 employees with 56.7% having less than 500 employees, 20.5% having between 500 and 1,000 employees, and 22.8% having more than 1,000 employees. Most of these organizations are unionized, and on 650 separate occasions, 18,767 persons (the majority of whom were union personnel) received EAP training or promotional materials.

Each year, Regional Programs helps hundreds of employers, while union personnel conduct worksite alcohol and drug prevention programs, develop employee assistance policies and procedures, and train key supervisory and union staff to identify and refer problem employees. Last year, more than 30 major

employee assistance projects were implemented, including the upgrading of EAP policies in various businesses in Toronto, Timmins, Ottawa, Niagara, Kingston, North Bay, Hamilton, London, and the Waterloo Region.

Another significant EAP development was the secondment of a senior Foundation consultant to assist a joint committee of the provincial government and the Ontario Public Service Employees Union (OPSEU) to establish programs in Cobourg, Kingston, Guelph, Toronto, and Thunder Bay.

Regional Programs, which is primarily responsible for the Foundation's community-based efforts in education and health promotion, is extensively involved in such activities as alcohol and drug curriculum development for school boards, dissemination and promotion of alcohol and other drug-related materials, plus talks to church groups, concerned parents groups, service clubs, and business associations. Marijuana in schools, prescription drug abuse, alcohol use, and drinking and driving problems are just a few examples of the topics covered. During the last six months of the fiscal year, Regional Program's field staff made more than 400 presentations to 12,273 Ontario residents. These presentations involved 5,890 children/youth/students, 1,375 educators, 2,850 social service personnel, 1,218 parents and members of church groups, and 940 members of service clubs and women's groups.



OFFICES OF THE FOUNDATION

ARF Headquarters	33 Russell Street, Toronto, M5S 2S1	(416) 595-6000
Belleville	248 Bridge Street East, K8N 1P1	(613) 962-9482
Chatham	259 Wellington Street West, N7M 1J9	(519) 354-1000
Community Programs	c/o University of Western Ontario,	
Evaluation Centre	London, N6A 5B9	(519) 679-3042
Cornwall	General Hospital, K6H 1Z5	(613) 932-3300 ext. 238
Divisional		
Employee Assistance	880 Wellington Street, Suite 800,	
Program Centre	Ottawa, K1R 6K7	(613) 238-8230
Hamilton	131 John Street South, Suite 101, L8N 2C3	(416) 525-1250
Hamilton Regional Office	75 James Street South, 2nd Floor, L8P 2Y9	(416) 527-8166
Kapuskasing	19B Riverside Drive, P5N 1A4	(705) 335-6081
Kenora	P.O. Box 1040, 700 Lakeview Plaza, Highway 17 West, P9N 3P7	(807) 468-6372
Kingston	309 Alfred Street, K7L 3S4	(613) 546-4266
Kitchener	639 King Street West, N2G 1C7	(519) 579-1310
London	414 Dufferin Avenue, N6B 1Z6	(519) 433-3171
Niagara	63 Church Street, Suite 410, St. Catharines, L2R 3C4	(416) 685-1361
North Bay	288 Worthington Street West, P2B 3B4	(705) 472-3850
Ottawa Regional Office	283 McLeod Street, 2nd Floor, K2P 1A1	(613) 238-8233
Ottawa/Carleton	880 Wellington Street, Suite 800, K1R 6K7	(613) 238-8230
Owen Sound	1198 6th Avenue West, Room 228-230, N4K 5H2	(519) 371-1861
Pembroke	201 Deacon Street, K8A 2J8	(613) 732-2811
Peterborough	223 Aylmer Street North, K9J 3K3	(705) 748-9830

Regional Programs Division	33 Russell Street, 3rd Floor Tower, Toronto, M5S 2S1	(416) 595-6046
Sarnia	265 North Front Street, N7T 5S6	(519) 337-9611
Sault Ste. Marie	464 Albert Street East, Walrus II, P6A 2J8	(705) 256-2226
Simcoe	191 Queensway West, Suite 1, N3Y 2M8	(519) 426-7260
Sudbury Regional Office	144 Pine Street, Suite 203, P3C 1X3	(705) 675-1181
Sudbury	144 Pine Street, Suite 203, P3C 1X3	(705) 675-1195
Thunder Bay	505 North Lillie Street, P7C 4Y8	(807) 622-0609
Timmins	P.O. Box 1720, c/o Northeastern Psychiatric Hospital, South Porcupine, P0N 1H0	(705) 235-3326
Windsor	2090 Wyandotte Street East, N8Y 1E6	(519) 253-1146

Toronto

Metro Toronto Regional Office	175 College Street, M5T 1P8	(416) 595-6126
Northeast Metro	175 College Street, M5T 1P8	(416) 595-6301
West/Central Metro	175 College Street, M5T 1P8	(416) 595-6212
Georgian Bay	13 Collier Street, Barrie, L4M 1G5	(705) 726-4976
Halton	3425 Harvester Road, Suite 211, Burlington, L7N 3N1	(416) 632-2436
Durham	44 Bond Street West, 10th Floor, Oshawa, L1G 1A4	(416) 576-6277
Peel	39 Dundas Street East, Suite 203, Mississauga, L5A 1V9	(416) 270-1431
MTR/EAP Centre	175 College Street, M5T 1P8	(416) 595-6223
Detox and Rehab	33 Russell Street, 3rd Floor Tower, Toronto, M5S 2S1	(416) 595-6072

STATEMENT OF OPERATIONS BY PROGRAM

DIVISION	PROGRAM			
	RESEARCH			
	TREATMENT RESEARCH		PRIMARY PREVENTIVE STUDIES	
	BIOMEDICAL	BEHAVIORAL	BIOLOGICAL	SOCIAL
SOCIAL & BIOLOGICAL STUDIES	—	—	1,299,210	1,600,847
CLINICAL INSTITUTE	1,245,728	1,447,399	616,873	1,478,189
REGIONAL PROGRAMS	—	—	—	609,246
EDUCATION RESOURCES	—	—	—	—
SCHOOL FOR ADDICTION STUDIES	—	—	—	—
	1,245,728	1,447,399	1,916,083	3,688,282
	2,693,127		5,604,365	
FUNCTION TOTALS	8,297,492			
	26.4%			
EXECUTIVE & ADMINISTRATION*				
OPERATING TOTAL				

*The Executive and Administration Divisions consist of all senior administrative staff and all centralized support services for the Foundation. Included in the expenditures are renovations to owned properties and all capital acquisitions, including new computing and telephone systems.

**Includes Employee Assistance Programs.

FUNCTION FOR 1983-84 FISCAL YEAR

FUNCTION				(IN DOLLARS)	
TREATMENT		EDUCATION/TRAINING		DIVISION TOTALS	
DIRECT SERVICES	TREATMENT SERVICES DEVELOPMENT**	PUBLIC	PROFESSIONAL		
—	—	—	—	2,900,057	9.2%
3,554,801	—	—	1,459,033	9,802,023	31.2%
—	3,692,816	1,602,152	964,104	6,868,318	21.9%
—	—	1,660,800	959,914	2,620,714	8.4%
221,584	—	—	604,353	825,937	2.6%
3,776,385	3,692,816	3,262,952	3,987,404	23,017,049	
7,469,201		7,250,356			
23.8%		23.1%		73.3%	
				8,401,522	26.7%
				31,418,571	100.0%
INCOME FROM DIVISION DEPARTMENTS				1,779,046	
INCOME, MINISTRY OF HEALTH GRANTS				28,462,460	
EXCESS OF EXPENSE OVER INCOME				1,177,065	

GRANTS AND DONATIONS

The Foundation gratefully acknowledges grants and donations received during 1983-84.

Grants

Alcoholic Beverage Medical Research Foundation

- Effects of Ethanol on Cerebellar Purkinje Cells from Mature Ethanol-Tolerant and Aged Rats on Excitable Membrane Function

Bristol-Myers Co.

- Alcohol Consumption and Withdrawal

Canadian International Development Agency

- Community Development, Hill Tribe — Thailand

Cyanamid Canada Inc.

- Temposil Clinical Trial

Employment and Immigration Canada

- Durham Manpower Project
- Durham Student Internship
- Student Employment Program — London

Health and Welfare Canada

- National Health Post-Doctoral Fellowship

H. Lundbeck & Co.

- Drug Effects on Heavy Social Drinkers

Medical Research Council

- Graduate Fellowship

Merck Sharp & Dohme — Pennsylvania

- Alcohol Consumption and Withdrawal

Merck Frosst Canada Inc.

- Clinical Pharmacology Research

Ministry of Health — Mental Health Division

- Community Older Persons Alcohol Project

Natural Science and Engineering Research Council

- Drug Tolerance (2nd installment of three-year grant)

Regional Municipality of Ottawa-Carleton

- Community Based Addiction Services

National Institute on Alcohol Abuse and Alcoholism

- Reversibility of Brain Damage

World Health Organization

- Analysis of Tar, Nicotine, and Carbon Monoxide in Cigarette Smoke

Upjohn Co. of Canada

- Benzodiazepine Research

Donations

In Memory — Dr. Ruth Segal (155 donations)

In Memory (73 donations)

Offender Restitution (3 donations)

Work of the Foundation — 37 donations including

- Port Arthur Rotary Club — Thunder Bay
- Rember's Furniture Warehouse — Thunder Bay
- Kellough Brothers Dairy Ltd. — Thunder Bay

FOUNDATION VISITORS

The Foundation's primary responsibility is to the people of Ontario and each year thousands of individuals call, write to, and visit its headquarters and School for Addiction Studies in Toronto and its offices across the province. However, because of its international reputation and its role as a World Health Organization collaborating centre, hundreds of people from other provinces and other countries also seek advice and training. This list of visitors in 1983-84 gives an idea of the Foundation's influence beyond Ontario.

Visitors From Other Provinces

Dr. John Connolly
University of British Columbia
Vancouver, British Columbia

Mr. Pieter de Groot
Alberta Alcoholism and Drug Abuse
Commission
Edmonton, Alberta

Mr. Yvon Dufresne
Department of National Defence
Courcellette, Québec

Dr. Donna Henderson
College of Trades & Technology
St. John's, Newfoundland

Dr. François Jolicoeur
Université de Sherbrooke
Sherbrooke, Québec

Dr. Claude de Montigny
Hôpital Louis-H-Lafontaine
Montréal, Québec

Captain John Moore
Winnipeg Harbour Light
Winnipeg, Manitoba

Ms Joyce Morouney
Mount Allison University
Sackville, New Brunswick

Ms Carolyn Reid
Alcohol and Drug Dependency
Commission
St. John's, Newfoundland

Mr. Ernest Saunders
Alcohol Counselling Services
Kamloops, British Columbia

Dr. Jean-Pierre Villeneuve
Hôpital St. Luc; Université de Montréal
Montréal, Québec

Mr. Wayne Weagle
Alcoholism and Drug Dependency
Commission of New Brunswick
Moncton, New Brunswick

Visitors From The United States

Dr. Henri Begleiter
State University of New York
Brooklyn, New York

Mr. Ronald Berg
Mid-Eastern Council on Chemical Abuse
Iowa City, Iowa

Dr. Erwin Bettinghaus
Michigan State University
East Lansing, Michigan

Dr. Robert Brook
Michigan Department of Public Health
Lansing, Michigan

Career Teachers Program (35 participants)
National Institute on Alcohol Abuse
and Alcoholism
Brooklyn, New York

Mr. Jan Christensen
Michigan Department of Public Health
Lansing, Michigan

Dr. Donald R. Jasinski
National Institute on Drug Abuse
Baltimore, Maryland

Dr. Charles Kaelber
National Institute on Alcohol Abuse
and Alcoholism
Washington, D.C.

Dr. Willis C. Maddrey
Thomas Jefferson University
Philadelphia, Pennsylvania

Dr. Henry Malin
National Institute on Alcohol Abuse
and Alcoholism
Washington, D.C.

Professor Victoria Markellis
(with 44 students)
State University of New York
Brockport, New York

Dr. William Miller
University of New Mexico
Albuquerque, New Mexico

Dr. Rudolf Moos
Stanford University
Stanford, California

Dr. Judith Nelsen
University of Chicago
Chicago, Illinois

Mr. Jarl Nischan
Michigan Department of Public Health
Lansing, Michigan

Dr. Robert Niven
National Institute on Alcohol Abuse
and Alcoholism
Washington, D.C.

Professor William Pittman
University of Massachusetts
Boston, Massachusetts

Mr. Timothy Rice
Metropolitan Clinic of Counselling Inc.
Minneapolis, Minnesota

Dr. Robin Room
University of California
Berkeley, California

Professor David A. Shafritz
Albert Einstein College of Medicine
Bronx, New York

Mr. Richard Smith
West Side Community Mental Health
Center
Cleveland, Ohio

Mr. Leland Towle
National Institute on Alcohol Abuse
and Alcoholism
Rockville, Maryland

Mr. Barry Wall
Department of Mental Health &
Recreation
Richmond, Virginia

Mr. James Watson
University of Wisconsin
Oshkosh, Wisconsin

Dr. Joseph Zabik
Purdue University
West Lafayette, Indiana

Dr. Mark A. Zern
Albert Einstein College of Medicine
Bronx, New York

Visitors From Other Countries

Australia

Mr. Robert Bush
New South Wales Drug and
Alcohol Authority
Haymarket, New South Wales

Dr. Oksana Holubowycz
University of Adelaide
Adelaide

Bermuda

Mr. Carlton Heywood
Addiction Services
Hamilton

Brazil

Dr. Elisaldo Carlini
Escola Paulista de Medicina
São Paulo

Dr. Jandira Nasur
Escola Paulista de Medicina
São Paulo

Chile

Dr. Oscar Feuerhake
University of Chile
Santiago

Mrs. Consuela Gesmori
University of Chile
Santiago

Dr. Alfredo Pemjean
University of Chile
Santiago

China

Dr. Dun-Ren Peng
Tientsin Medical College
Tientsin

Czechoslovakia

Dr. Jaroslav Skala
Karlovy University
Prague

Denmark

Dr. Soren Haastrup
University of Copenhagen;
Nordvang Hospital
Copenhagen

England

Dr. Alex Gatherer
Oxfordshire Health Authority
Oxfordshire

Dr. David A. Goldberg
University of Manchester
Manchester

Dr. Gerry Stimson
University of London
London

France

Dr. Jean-Pierre Benhamou
Hôpital Beaujon
Clichy

Germany

Dr. Dharam P. Agarwal
Universität Hamburg;
Universitäts-Krankenhaus Eppendorf
Hamburg

Ireland

Dr. Harold Crawley
Health Education Bureau
Dublin

Japan

Professor Yoshiyuki Matsumuri
Hokkaido University
Sapporo

Mrs. Kazuko Kimura
Ministry of Health and Welfare
Tokyo

New Zealand

Mr. Roy Johnston
National Society for Alcohol and
Drug Abuse

Nigeria

Mrs. Justina Obi
Benin University
Benin

Norway

Dr. Geir Berg
Hjellestad Klinikken
Hjellestad

Dr. Fanny Duckert
Oslo

Mr. Morten Jorgensen
Norwegian GoodTemplar Society
Oslo

Mr. Paul H. Kielland
Norwegian GoodTemplar Society
Oslo

Dr. Jon Chr. Laberg
Hjellestad Klinikken
Hjellestad

Mr. Arild Sandoy
Norwegian GoodTemplar Society
Oslo

Dr. Arvid Skutle
Hjellestad Klinikken
Hjellestad

Scotland

Mr. Steve Allsop
Alcohol Studies Centre
Paisley

Mr. Bill Saunders
Alcohol Studies Centre
Paisley

Sweden

Dr. Jorgen Engel
University of Göteborg
Göteborg

Mrs. Gertrud Sigurdson (and 2 officials)
Minister of Health
Stockholm

Switzerland

Mr. Walter Gulbinet
World Health Organization
Geneva

Dr. Roberto Masironi
WHO Programme on Smoking and
Health
Geneva

Mr. Jan Ording
World Health Organization
Geneva

Dr. Norman Sartorius
World Health Organization
Geneva

Thailand

Major Krasare Nabnean
Thailand Army
Bangkok

ARF STAFF PUBLICATIONS

Journal Articles, Abstracts, Theses, Books, and Book Chapters

1. Adlaf EM, Smart RG. Risk-taking and drug-use behaviour: an examination. *Drug and Alcohol Dependence* 1983;11(3,4):287-296.
2. Adrian M. Mapping the severity of alcohol problems and drug problems in Ontario. *Canadian Journal of Public Health* 1983;74(5):335-342.
3. Adrian M. Our friend the statistical report: guide to statistics on alcohol and drug use in Canada and other countries. *Gamut* 1983;3(3):13-17.
4. Adrian, M, comp. *Statistics on alcohol and drug use in Canada and other countries: data available by August 1982*. Toronto: Addiction Research Foundation, 1983:324.
5. Albert WG, Simpson RI. Test construction procedures for evaluating alcohol education: the "decisions of drinking" programs. *International Journal of the Addictions* 1983;18(7):1019-1027.
6. Albert WG, Simpson RI, Eaglesham JA. Evaluation of a drinking and parenting education program in six Ontario communities. *Journal of Drug Education* 1983;13(4):327-335.
7. Annis HM, Chan D. The differential treatment model: empirical evidence from a personality typology of adult offenders. *Criminal Justice and Behavior* 1983;10(2):159-173.
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12. Basu PK, Kapur BM, Matuk Y, Avaria M, Jankie R, Carre F. Distribution of morphine in the eye tissues and fluids of rabbits after systemic administration and after transfer via corneal grafting. *Canadian Journal of Ophthalmology* 1983;18(5):241-245.
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15. Blackwell J, Cooperstock R. Benzodiazepine use and the biopsychosocial model. *Journal of Family Practice* 1983;17(3):451-458.
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17. Bohm P, Macdonald KR. *Addiction counselling training manual: trainer's manual*. Ottawa: Health and Welfare Canada, 1983:534.
18. Brook RC, Whitehead PC. Values of adolescent drug abusers. *International Journal of the Addictions* 1983;18(1):1-8.
19. Bunout D, Speisky H, Orrego H, Giles HG, Saldivia V, Meggiorini S, Gunasekava A, Israel Y. Effects of ethanol on liver lipoperoxidation and glutathione levels [Abstract]. *Hepatology* 1983;3:805.
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21. Busto U, Simpkins J, Naranjo CA, Cappell H, Sanchez-Craig M, Kaplan K, Sykora K, Sellers EM. Differences in patterns of benzodiazepine (B) abuse [Abstract]. In: *II World Conference on Clinical Pharmacology & Therapeutics*. Held in Washington, D.C. July 31–August 5, 1983. The Organizing Committee, 1983:89.
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